

**STATE OF MAINE
BOARD OF COUNSELING PROFESSIONALS
LICENSURE**

**APPLICATION FOR FULL OR CONDITIONAL
LICENSED PROFESSIONAL COUNSELOR
REINSTATEMENT**



**Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
35 State House Station
Augusta, ME 04333-0035**

Office Telephone: (207) 624-8623
Office Facsimile: (207) 624-8637
TTY USERS CALL MAINE RELAY 711
Internet: www.maine.gov/professionallicensing

Office located at: 76 Northern Avenue, Gardiner, Maine

ADDITIONAL RESOURCES

- Licensing Law for Counseling Professionals

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.

Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch119sec0.html>

- Licensing Rules for Counseling Professionals

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#514>

- Licensing Rules for the Department of Professional and Financial Regulation

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with Office of Professional and Occupational Regulation Rules, Chapters 10, 11 and 13, throughout your licensure.

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

APPLICATION PROCEDURE

- Please submit your application materials by mail or hand delivery to our offices. Submissions by fax or e-mail will not be accepted. The application will be reviewed in the order it was received.
- If there are deficiencies with your application, you will be notified by email. **Please note:** Candidates whose applications have been incomplete for more than one (1) year will be required to submit **new** applications and fees if they still wish to be considered for licensure.
- **Please do not call our office regarding the status of your application.** Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website: <http://www.maine.gov/professionallicensing>. We appreciate your thoughtful attention to this request.

CONTINUING EDUCATION

Continuing education requirements will be determined by the board upon the receipt of a request for the reinstatement of a license.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine relay 711 Web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** Due to the Covid-19 pandemic, and until further notice, the Gardiner Annex that houses the Office of Professional and Occupational Regulation and other agencies is closed to the public. OPOR staff members work remotely from 8 am to 5 pm to review and process license applications. We advise you to mail paper applications to 35 State House Station, Augusta, ME 04333
- **Can I come to Gardiner to drop off my application?** No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address-35 State House Station, Augusta, ME 04333.
- **Can I come to Gardiner to pick up my license?** No. Your license will be emailed to you.
- **How can I check the status of my application?** You can check our website:
- <http://pfr.informe.org/almsonline/almquery/welcome.aspx>.
- **Can I fax my application?** No.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- ♦ Complete every item on the application.
- ♦ Sign and date your application.
- ♦ Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- ♦ Make a copy of your application to keep for your records.

Full/Conditional Licensure

Please review Chapter 2 of the Board's Rules carefully. Chapter 2 outlines the requirements for licensure as a professional counselor. An application will not be approved unless the applicant meets all qualifications as outlined in the Board's Rules.

A complete application shall include the following:

- ☐ A completed and signed Application;
- ☐ Payment of a Licensure fee \$200.00;
- ☐ Payment of a Criminal History Check fee of \$21.00;
- ☐ Payment of a late fee of \$50.00;

Note: All fees can be in one payment.

- ☐ Official college transcript with earned/conferred degree (if not previously submitted);
- ☐ Official proof of a passing score on the examination(s) (if not previously submitted) as prescribed in the Rules or a Request for Examination;
- ☐ A copy of your proposed Disclosure Statement;
Note: Must include prospective Maine licensure dates (two-year licensure period).
- ☐ A completed Degree/Internship Form from the university that attests to the number of internship hours, and also describes the counseling activities, setting, and supervisor credentials of the internship experience (if not previously submitted);
- ☐ A copy of your Official Transcript (if not previously submitted);
- ☐ A completed Educational Requirements Worksheet accompanied by course descriptions, syllabi and/or catalogs; (Submit **only** if your mental health counseling program was not CACREP accredited at the time the degree was awarded)

Note: Course descriptions should be taken directly from course catalogues current at the time the courses were completed.

Full licensure:

- ☐ Completed Supervisor's Affidavit Form(s) (if not previously submitted).

Conditional Licensure:

- ☐ A completed Proposed Supervision Plan Form.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ()	FAX ()	E-MAIL	

Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) **NO** **YES**

If yes, enclose a detailed explanation and copies of all documents.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE

DATE

**Board of Counseling Professionals Licensure
Reinstatement**

Please Select License Type:

- ☐ Professional Counselor, Full (PC1421)
☐ Professional Counselor, Conditional (XC1421)

**Required Fee: \$271
(includes Criminal History Records Check Fee)**

Rev. 7/2021

Office Use Only:

1421 - \$200.00
2619 - \$21.00
2090 - \$50.00

Office Use Only:

Check # _____
Amount: _____
Cash # _____
Lic. # _____

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" – if you wish to pay by Mastercard, Visa, Discover or American Express fill out the following:

NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS the following amount: \$ _____			
<input type="checkbox"/> I understand that fees are non-refundable			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>		Expiration Date <i>mm / yyyy</i>
SIGNATURE		DATE	

Graduate Education (Official transcripts must be submitted directly from Institution)		
Name of Academic Institution:		
Mailing Address:		
City:	State:	Zip Code:
Degree Granted:		Date Conferred:

Name of Academic Institution:		
Mailing Address:		
City:	State:	Zip Code:
Degree Granted:		Date Conferred:

Undergraduate Education		
Name of Academic Institution:		
Mailing Address:		
City:	State:	Zip Code:
Degree Granted:		Date Conferred:

Employment Information		
Workplace Name:		Work Phone <i>(include area code)</i> :
Mailing Address:		
City:	State:	Zip Code:
Supervisor:		Supervisor's Licensure Type and Number:
Dates Employed:		

Credentialing History

Have you ever held a professional license/certification/registration in this or any other state/country? ☐ YES ☐ NO

If yes:

Profession	License #	State/Country	Date Issued	Expiration Date

Have you ever taken a national counseling examination? ☐ YES ☐ NO

If yes:

Exam Title:	Location:
Date Taken:	Select One: <input type="checkbox"/> Pass <input type="checkbox"/> Fail

Exam Title:	Location:
Date Taken:	Select One: <input type="checkbox"/> Pass <input type="checkbox"/> Fail

Disciplinary History

1. Do you have pending against you any complaints from a regulatory board or professional organization? If yes, please enclose a detailed explanation. ☐ YES ☐ NO
2. Have you ever been or are you currently a defendant in a civil proceeding related to your professional activities? If yes, please enclose a detailed explanation. ☐ YES ☐ NO

Affirmation

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE: _____ DATE: _____



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Counseling Professionals Licensure
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

SUPERVISOR'S AFFIDAVIT

To be completed by supervisor in accordance with Chapters 2 through 6 of the Board's Rules

Check one: <input type="checkbox"/> New Applicant <input type="checkbox"/> Conditionally licensed			
Name of Applicant:			
Name of Approved Supervisor:		Supervisor's License Title:	Supervisor's License Number:
State of Licensure:	Original Date:	Expiration Date:	Years in Practice:
Facility or Agency:		Telephone (include area code):	
Mailing Address:			
City:	County:	State:	Zip Code:
IN WHICH SPECIALTY AREA: (Please check) Clinical Professional Counselor <input type="checkbox"/> Marriage and Family Therapist <input type="checkbox"/> Professional Counselor <input type="checkbox"/> Pastoral Counselor <input type="checkbox"/>		SUPERVISION: (List number of hours): Individual _____ Group Supervision _____ Total number of supervision hours _____	
SUPERVISED EXPERIENCE (List number of hours)* Hours of direct counseling with individuals _____ couples _____ families _____ groups _____ Total hours of direct counseling _____ Supervised experience in counseling other than the direct provision of counseling _____ Total number of hours of supervised experience _____			
On the supervisor's stationary, signed and dated, please comment on the following: 1. Please describe the applicant's functions in terms of prevention, diagnosis and treatment of mental illness/ disorders and psychosocial treatment. (For the clinical licenses only – LCPC, LMFT, Pastoral). 2. Please state briefly the licensee's personal character, ethical conduct, and competence. 3. Please comment on the licensee's ability to function as a counselor (i.e. strengths and weaknesses).			
I HEREBY ATTEST THAT THE ABOVE-NAMED APPLICANT IS/WAS UNDER MY SUPERVISION FROM THE PERIOD OF _____ TO _____. I ALSO ATTEST THAT ALL INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.			
Supervisor's Signature: _____		Date: _____	
Applicant's Signature: _____		Date: _____	



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Counseling Professionals Licensure
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

PROPOSED SUPERVISION PLAN
CONDITIONAL LICENSURE
Page 1 of 2

Name of Applicant:

SUPERVISION PLAN

Name of Supervisor:

Title:

Supervisor's License Number:

First Date of Issue:

Facility or Agency:

Work Telephone Number *(include area code)*:

Mailing Address:

City:

State:

Zip Code:

SUPERVISION MUST EQUAL 1 HOUR/30 HOURS OF DIRECT COUNSELING SERVICE.

PLEASE DOCUMENT SPECIFIC PLANS THAT COVER THE FOLLOWING:

(Use separate sheet if needed)

Goals of Plan:

Objectives of Plan:

If providing clinical supervision for a clinical license, please focus on diagnosis and treatment:

I HEREBY ATTEST THAT THE ABOVE NAMED APPLICANT IS UNDER MY SUPERVISION FOR THE PERIOD BEGINNING _____. I ALSO ATTEST THAT ALL OF THE INFORMATION ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Supervisor's Signature: _____

Date: _____

Applicant's Signature: _____

Date: _____

**PROPOSED SUPERVISION PLAN
CONDITIONAL LICENSURE**

Page 2 of 2

Name of Applicant:

Name of Supervisor:

To be completed by supervisor:

Number of years of counseling experience in the modality (e.g. clinical, marriage & family therapy, pastoral) which you intend to do supervision: _____

Answer one (1) or both of the following:

1. Describe training received in counseling supervision:

2. List the number of years and types of experiences in providing supervision to mental health professionals:

Please provide a separate written statement detailing your supervision philosophy, orientation and experience. The request for supervision will not be completed without the written statement.

I HEREBY ATTEST THAT ALL THE INFORMATION ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Supervisor's Signature: _____ Date: _____



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Counseling Professionals Licensure
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

DEGREE/INTERNSHIP VERIFICATION FORM

To: Board of Counseling Professionals Licensure 35 State House Station Augusta, ME 04333-0035	Date:
---	-------

Student Name:	Student ID Number:	
Institution:		
Mailing Address:		
City:	State:	Zip Code:

Degree Verification	
Date of Graduation:	Program:
Degree Awarded:	Concentration of Degree Awarded:
Accreditation:	

Internship Verification		
Dates of Internship:	Direct Client Contact Hours:	Total Contact Hours:
Internship Experience: Please indicate whether the counseling activities, setting and supervisor were or were not clinical in nature ("clinical" is defined as the diagnosis and treatment of mental health disorders).		
Signature of Person Verifying Degree/Internship: _____		
Printed Name: _____		Title: _____
Department: _____		Date: _____



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Counseling Professionals Licensure
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Examination Information

The National Counselors Examination

To qualify for conditional licensure as a Professional Counselor, a Clinical Professional Counselor, or a Pastoral Counselor applicants must achieve a passing score on The National Counselor Examination (NCE) administered by NBCC. The computer-based NCE is offered monthly. After the Board approves your eligibility for examination, a registration form will be sent to you. This form will include directions on how to register with the NBCC.

- More information is available at the following website: <http://www.nbcc.org/>

The National Clinical Mental Health Counseling Examination

As of January 1, 2008, to qualify for full licensure as a Clinical Professional Counselor or a Pastoral Counselor applicants must achieve a passing score on The National Clinical Mental Health Counseling Examination (NCMHCE) administered by NBCC. The computer-based NCMHCE is offered monthly. After the Board approves your eligibility for examination, a registration form will be sent to you. This form will include directions on how to register with the NBCC.

- More information is available at the following website: <http://www.nbcc.org/>



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Counseling Professionals Licensure
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

REQUEST FOR EXAMINATION

APPLICANTS WHO APPLY FOR EXAMINATION MUST SUBMIT ALL MATERIALS REQUIRED FOR LICENSURE BEFORE APPROVAL TO SIT FOR AN EXAMINATION WILL BE GRANTED.

Please fill in the information requested below and **return this form** with all other required application materials to the Board at the above address.

Check Appropriate Category

- ☐ **NCE** (applicants for conditional licensure as a Professional, Clinical, or Pastoral Counselor)
- ☐ **NCMHCE** (applicants for full licensure as a Clinical Counselor or Pastoral Counselor)

If you require special accommodations, please fill out the **Accommodation Request Form** and return it with your application materials.

Name of Applicant:		
Mailing Address:		
City:	State:	Zip Code:
Telephone (work):		Telephone (home):
Date of Birth:		Today's Date:



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Counseling Professionals Licensure
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Please note: Some accommodation requests may require additional documentation (see next page).

Name:

Mailing Address:

City:

State:

Zip Code:

Telephone (*include area code*):

Accommodations Requested for the _____ Examination.

Check all that apply:

- ☐ Accessible Testing Site
- ☐ Separate Testing Site
- ☐ Braille
- ☐ Large Print
- ☐ Tape
- ☐ Reader as Accommodation for Visual Impairment
- ☐ Scribe/Amanuensis as Accommodation for Visual or Motor Impairment
- ☐ Reader as Accommodation for Learning Disability
- ☐ Scribe/Amanuensis as Accommodation for Learning
- ☐ Sign Language Interpreter
- ☐ Extended Time
 - ☐ Time-and-a-half
 - ☐ Double time
 - ☐ More than double time (specify) _____
- ☐ Use of Computer or Other Adaptive Equipment (specify) _____
- ☐ Other: _____

SIGNATURE: _____ DATE: _____

DOCUMENTATION OF DISABILITY NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of having this portion of the form completed.

I have known _____ since _____ in my capacity as a
(test applicant) (date)

(professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following (check all that apply):

- ☐ Taped test
- ☐ Large print test
- ☐ Reader
- ☐ Scribe/amanuensis
- ☐ Extended time
 - ☐ Time-and-a-half
 - ☐ Double time
 - ☐ More that double time (please justify) _____
- ☐ Separate Testing Area
- ☐ Use of Computer or Other Adaptive Equipment (please specify) _____
- ☐ Other (please specify) _____

SIGNATURE: _____ TITLE: _____

DATE _____ LICENSE # (if applicable) _____



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Counseling Professionals Licensure
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Educational Requirements Worksheet for Licensed Professional Counselor

Applicant's Name: _____ **Applicant's School:** _____

INSTRUCTIONS: Place the relevant course(s) from your transcripts into the appropriate category on the worksheet. A course cannot be used twice to fulfill more than one (1) content area. **NOTE:** You must attach a college catalog, description or syllabus to substantiate the specific material included in each course listed on the worksheet.

A minimum of three (3) credits in each of the following areas are required.

Content Area	Course No.	Course Title	Credits
1. Human Growth & Development			
2. Helping Relationships <small>Note: Counseling skills & counseling theories must be covered</small>			
3. Groups			
4. Measurement			
5. Research & Evaluation			
6. Diagnosis & Treatment			
7. Professional Orientation			
8. Social & Cultural Foundations			
9. Practicum			
10. Internship			

NOTE: The following page contains the definitions of the above content areas

**Educational Requirements Worksheet for
Licensed Clinical Professional Counselor--cont'd**

Applicant's Name: _____ **Applicant's School:** _____

INSTRUCTIONS: Place the relevant course(s) from your transcripts into the appropriate category on the worksheet. A course cannot be used twice to fulfill more than one (1) content area. **NOTE:** You must attach a college catalog, description or syllabus to substantiate the specific material included in each course listed on the worksheet.

A minimum of three (3) credits in three (3) of the following areas are required.

Content Area	Course No.	Course Title	Credits
11. Lifestyle & Career Development			
12. Marriage & Family Therapy*			
13. Human Sexuality for Counselors			
14. Supervision			
15. Consultation			
16. Crisis Intervention			
17. Addictive Disorders*			
18. Treatment Modalities*			

* Denotes that up to six (6) semester hours may be used in one category in meeting the additional coursework requirements.

NOTE: The following page contains the definitions of the above content areas

PLEASE BE SURE TO INCLUDE THIS COMPLETED WORKSHEET WITH YOUR APPLICATION

Educational Requirements for Licensed Clinical Professional Counselor

Chapter 2, Section 2

Human Growth and Development: Studies that provide an understanding of the nature and needs of individuals at different developmental levels throughout the life span.

Helping Relationships: Studies that provide an understanding of philosophic bases of helping processes, counseling theories and their applications, basic and advanced counseling skills, consultation theories and skills, self-understanding and self-development, and facilitation of client or consultee change.

Groups: Studies that provide an understanding of group development, dynamics, group counseling theories, group leadership styles, and group counseling methods and skills.

Measurement: Studies that provide an understanding of group and individual educational and psychometric theories and approaches to measurement, data and information-gathering methods, validity, reliability, psychometric statistics, factors influencing measurements, and use of measurement results in the helping process.

Research and Evaluation: Studies that provide an understanding of the types of research, basic statistics, research report development, research implementation, program evaluation, needs assessment, and ethical and legal considerations associated with research and evaluation.

Diagnosis and Treatment: Studies that provide an understanding of psychopathology, the diagnosis and statistical manual and its use in counseling, psychopathology, the development of treatment plans and the use of related services, and the role of assessment, intake interviews, and reports.

Professional Orientation: Studies that provide an understanding of professional roles and functions, professional organizations and associations, history and trends within the profession, ethical and legal standards, and professional preparation standards and professional credentialing.

Social and Cultural Foundations: Studies that provide an understanding of the development of multicultural awareness, cultural foundations of human growth and development, and cultural values and traditions covering the life span.

Practicum: A course of clinical instruction is required that provides practical experience in counseling for the purpose of developing individual counseling skills and for developing of group counseling skills. These experiences allow students to perform, on a limited basis, some of the counseling activities that a regularly employed Licensed Clinical Professional Counselor would be expected to perform.

Internship: A full academic year of supervised clinical counseling experience consisting of at least 900 clock hours, including a minimum of 360 clock hours of direct client contact. The internship provides an opportunity for the student to perform all the activities that a regularly employed clinical counselor would be expected to perform.

SUGGESTED FORMAT FOR DISCLOSURE STATEMENT

Disclosure Statement

- A.** Name, license number
Such-and-such Counseling Service
555 Main Street
City, Maine (207) 666-7777
Business hours
- B. Licensure:** Please indicate here the license/registration category, date of initial licensure and current license expiration date. (Example: LCPC, first issue: 12/2011 expiration: 12/2013)
Note: Applicants may show prospective dates of licensure.
- C. Degrees:** List each postsecondary degree held, the name of the degree, the date awarded and the area of study in which the degree was earned, and the name of the institution that conferred the degree.
- D. Confidentiality** - A statement indicating the limits and scope of confidentiality. The following exceptions **must** be included:
1. Threat of serious harm to self or others.
 2. Reasonable suspicion of child abuse, or neglect of a child, or abuse, neglect or exploitation of an incapacitated or dependent adult;
 3. Court order;
 4. Voluntary release signed by client or guardian; and
 5. During supervisory consultations.
- E. Conditional Licensure** – If conditionally licensed, include a statement to that effect and an explanation that reads “A conditional licensee has met the initial requirements for this license and is working under professional supervision to obtain the experience necessary for full licensure. The counselor may discuss your case with the supervisor. The counselor may ask you for permission to allow the supervisor to sit in on a session. You are free to refuse if this would make you uncomfortable.”
- F. Areas of competence** - I am trained for work with individuals, couples, and... (continued concisely, but with as much detail as necessary to give clients an idea of the range of your skills and scope of your license/registration).
- G. Course of Action**- A statement that includes a description of your usual process of intake, assessment, and goal setting. If clinically licensed, please also explain your process for diagnosing and treating. This is designed to give your prospective client an idea of what to expect in counseling.
- H. Fee schedule, method of billing and terms of payment** – explained with words that are clearly understood.
- I. Fee modifications**– A statement outlining the extent to which you perform pro bono work or offer sliding scale modifications of the fee schedule;
- J. Insurance** – A statement outlining the extent to which your services can be paid for by insurance coverage, MaineCare and other third-party payment plans;
- K. Accountability** – A statement that reads “The practice of counseling is regulated by the Board of Counseling Professionals Licensure. The board is authorized by law to discipline counselors who violate the board’s law or rules. To learn about the complaint process, or to file a complaint against a counselor, contact:
- Complaint Coordinator
Office of Professional and Occupational Regulation
35 State House Station
Augusta, ME 04333
(207) 624-8660
Web: www.maine.gov/professionallicensing”